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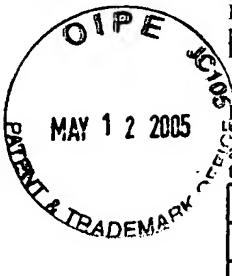
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04743 7590 04/07/2005

MARSHALL, GERSTEIN & BORUN LLP
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233 S. WACKER DRIVE
CHICAGO, IL 60606

Adjustment date: 05/13/2005 BABRAHA2
11/15/2004 DEMMANU2 00000148 10659814
01 FC:1501 → 1370.00 0P



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Michael R. Hull	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>1370.00 0P</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,814	09/11/2003	Seung Cheol Lee	29936/39462	5250

TITLE OF INVENTION: METHOD OF MANUFACTURING SEMICONDUCTOR DEVICE

05/13/2005 BABRAHA2 00000148 10659814

01 FC:1501 → 1400.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	07/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GARCIA, JOANNIE A	2823	438-264000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Marshall,
2 Gerstein &
3 Borun LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hynix Semiconductor Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kyungki-Do, Republic of Korea

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Typed or printed name Michael R. Hull

Date *13-2855 May 05* Registration No. 35,902

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